

**LBWCC Diagnostic Medical Sonography Program  
Handbook Verification  
Affirmation and Release Form for Program Application**

I, \_\_\_\_\_, (print name) affirm that I:

Understand that upon acceptance into DMS program, I am responsible for reviewing the DMS Student Handbook and Student Catalog/Student Handbook of LBWCC and agree to abide by its policies and procedures.

\_\_\_\_\_Initials

Understand that I must have daily access to a computer (with audio/video) and adequate internet.

\_\_\_\_\_Initials

Agree that neither the college nor any member of the sonography department is responsible for injuries, communicable diseases, infectious or viral diseases, or any adverse effects encountered while in the sonography lab or clinical setting.

\_\_\_\_\_Initials

Agree to maintain medical insurance for the duration of the program understanding that the college, sonography instructors, and clinical agencies are not responsible for any claims or expenses incurred while at a clinical site or at the campus lab.

\_\_\_\_\_Initials

Must rotate to various clinical sites as a DMS student as assigned by DMS faculty. Will not receive monetary or other compensation for participation in the preceptorship course from either the institution or healthcare facility. Do not expect to be offered a job at the health care facility as a result of participation in a preceptorship course.

\_\_\_\_\_Initials

Understand that pregnancy is a condition and not an illness. All students must complete all courses required. Failure to disclose the fact that I am pregnancy to my instructors may result in failure of a clinical course. Some clinical sites require a disclaimer to be signed I practice in the surgical or radiology arena during pregnancy.

\_\_\_\_\_Initials

Will provide updated CPR, Health Statement, and immunization records prior to the beginning of the semester for which they fall due.

\_\_\_\_\_Initials

Understand that I will be required to undergo background screening/drug testing and untoward findings may result in termination from the program. Drug testing is required a minimum of every 12 months and randomly as requested.

\_\_\_\_\_Initials

Meet the essential functions with or without accommodations in order to fulfill the program requirements and perform in the clinical settings.

\_\_\_\_\_Initials

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_